

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL-18552

10808-62-045121

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 19 1962

1003

VS 300
Rev. 4/591
2400X3

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83

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand St. Louis Mo		Length of stay in lb 45 hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR Branner ZETTLER		4. DATE OF DEATH Month Day Year NOVEMBER 9 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	
13a. FATHER'S NAME OSCAR ZETTLER		13b. MOTHER'S MAIDEN NAME SUSIE BREWER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year or dates of service) YES WW2		17. INFORMANT EVELYN N. ZETTLER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) PNEUMONIA AND ABSCESS FORMATION DUE TO (c) ESOPHAGEAL LEAK 539.1		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 9-25-62 12:45 AM to 11-9-62 and last saw him alive on 11-9-62		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE JOHN F. BALFOUR		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 11/9/62		22d. SIGNATURE M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-13-1962	
23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Cem.		23d. LOCATION (City, town; or county) (State) Jefferson Barracks, Mo.	
25. DATE RECD. BY LOCAL REG. NOV 10 1962		26. REGISTRAR'S SIGNATURE Rosal Smith M.D.	

BAUMANN BROS. INC. FUNERAL HOME
2504 WOODSON ROAD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

David C. Gibson

Licensed Embalmer No. _____

3454

P. O. Address _____

St. Louis 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.